

LOG of MEETING WITH CHAIRMAN ANN BROWN and MEDICAL EXPERTS

Subject: Suggestions from medical experts on how CPSC can
 make its work more effective

Date: June 20, 1994

Log entry by: Barbara Rosenfeld
 Senior Advisor to the Chairman

Date of entry: June 30, 1994

Attendees (CPSC): Chairman Ann Brown and all members of her senior
 staff, plus other CPSC staff members

Non-CPSC
attendees: List attached

Chairman outlined her overall goals and agenda and described
accomplishments to date. She then invited participants'
suggestions on how CPSC can work its work more effective.

Notes of suggestions from various participants are attached.



U.S. CONSUMER PRODUCT SAFETY COMMISSION
WASHINGTON, D.C. 20207

MEDICAL EXPERTS MEETING
JUNE 20, 1994

ATTENDEES

***National Center for Injury Prevention
and Control, CDC***
Terence Chorba, MD

Safe Kids
Martin Eichelberger, MD, Children's National Medical Center, Washington, DC;
President, Safe Kids

Heather Paul, Executive Director
Angela Mickalide, Program Director

National Institute for Child Health and Development, NIH
Jordan Finkelstein, MD, Medical Officer

Johns Hopkins Injury Prevention Center
Carolyn Fowler, Ph.D., RN, Research Associate

American Academy of Pediatrics
Joseph Greensher, MD, Mineola, New York
AAP Committee on Injury and Poison Prevention, Past Chair

Janis Guerney, Assistant Director
Department of Government Liaison

American Association of Poison Control Centers
Gary Oderda, Pharm. D., M.P.H., President

Toby Litovitz, MD, Director, National Capital Regional Poison Control Center

American College of Emergency Physicians
Michael Weddle, MD, Cumberland, Maryland
Member, Trauma Care and Injury Control Committee

Roslyne Schulman, Regulatory Representative
Washington, DC office

National Safety Council
Jane Roemer, Executive Director, Public Policy



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Suggestions and comments from participants in
Chairman's June 20 meeting of medical experts

Martin Eichelberger, M.D. (President, Safe Kids; Director, Trauma Services, Children's National Medical Center): Commended Chairman for her vision and for reaching out to medical community. CPSC's long-range agenda and priorities are important for others to know, because it helps them set their agenda. Believes priorities should derive from both data on trauma reports and overall public health information. Medical community and injury prevention people sometimes have different perspectives on priorities. Safe Kids would always want to comment on agency's strategic plan. Wants to see close links between CPSC and Safe Kids organizations, both nationally and at local level.

Need multifaceted approach to safety: must coordinate information and education with other approaches, including changes in public policy and changes in products. CPSC should coordinate with CDC and other agencies, including HHS Maternal and Child Health, DOD, NHTSA, USFA, etc.; consider interagency group on child safety.

On specific issues of bicycle helmet, NHTSA research was not done on kids, and childrens' head are different than adult heads; may need more than one helmet for different uses.

Michael Weddle, M.D. (American College of Emergency Physicians): Biggest concerns of emergency physicians are 1) poison control center crisis -- if we lose poison centers, it will create a major health care problem; and 2) surveillance systems. The NEISS system and others are not adequate; the current system is missing important data; we need to increase data about patients treated in emergency departments. Emergency physicians would be very motivated to take part in CPSC pilot information-gathering system. In response to question from CPSC, said we should include free-standing clinics and EMS.

Joseph Greensher, M.D. (American Academy of Pediatrics): have lots of data, the question is what to do. Would like to see CPSC be more proactive in getting manufacturers to be more concerned with safety before/when they market something.

Jordan Finkelstein, M.D. (NIH, National Institute for Child Health and Development): Need more research on injury causation; almost no data on what works. Would like to see more research on how you change people's behavior. Engineering and enforcement data are adequate. (Peter Scheidt, formerly at NICHD, now at Children's Hospital has more optimistic view of ability to change people's behavior.)

Jane Roemer, (National Safety Council): NSC can help get information out to industry, labor unions and other groups through their members, networks. Can bring information together in one place, e.g. publication "A Parent's Guide to Child Safety."

Heather Paul, Ph.D.(Safe Kids): Stresses power of their 165 coalitions around the country to effect change, get out information.

Angela Mickalide, Ph.D. (Safe Kids): Aiming at vulnerable populations is important, but upper-income, well-educated, middle-class parents also misuse products and need to be educated about safety.

Gary Oderda, Pharm. D., (American Association of Poison Control Centers): Poison centers are in serious trouble, looking for help from CPSC and elsewhere. Need stable funding source for poison centers. Need advocacy for poison centers. (CPSC comment: Poison center data critical to CPSC; and we could use even more poison center data.)

Carolyn Fowler, Ph.D., RN (Johns Hopkins Injury Prevention Center): Interested in compatible data bases. Suggests internships/ training at CPSC on data usage for medical people . (How fund?) Would it be possible to shorten time between identification of problem (e.g. in-line skating hazard) and solution through CPSC working with manufacturers or other means?

Terence Chorba, M.D. (National Center for Injury Prevention and Control). Improve NEISS system: poll users of data to see what other information should be collected. Increase public awareness of product injury issues: get CPSC issues into information stream and get more public attention by issuing regular periodic publication similar to CDC's Morbidity and Mortality Weekly Reports, which is issued weekly and which people look to as regular source of important information.

Dr. Eichelberger: Use uniform data codes developed by CDC.

In response to inquiry from **David Schmeltzer** (CPSC) as to whether physicians would be willing to participate in CPSC rulemaking proceedings by providing clear and explicit descriptions of hazards involved, representatives of American Academy of Pediatrics and American College of Emergency Physicians both said their groups would be willing to work with us to bring physicians into process.